CONSUMER DISPUTE FORM

Public Protection Division Consumer Protection Section

Jeff Landry Attorney General Louisiana Department of Justice Consumer Protection Section P.O. Box 94005 Baton Rouge, LA 70804-9005 Phone: (800) 351-4889 Fax: (225) 326-6499			ID: OFFICE USE ONLY		
* = REQUIRED	Please print or type	oe. Yo	our form must be legible.		
Do not include personal or sensitive i or driver license, social security, finance					
Is this related to a storm? Are you over the age of 65? Have you or do you serve in the arme	d forces?	□ Yes	□ No □ No □ No		
*Date	*Full Name of Person Filing Form				
*Address:	*Home Phone:				
*City:	*Work Phone:				
*State & Zip:	*Parish:				
*Person in Dispute:					
*Company in Dispute:					
*Address:	*Phone	e:			
*City, State & Zip:	Parish/	Parish/County:			
Name of Salesperson (if known):					
Date of Transaction:					
Description of product or service about number and serial number, if possible	•	sputing	. Include brand name, mode		
Name of manufacturer (if known):					

Representative of manufacturer contacted (if any). Please include the address and phone number.

Amount of purphase and mothed of parameter
Amount of purchase and method of payment:
If your dispute concerns the advertising of a product or service, indicate when and where it was advertised.
Have you contacted the merchant? () Yes () No Date:
After you submit this dispute form, the Attorney General's Office may provide a copy of it and any other information you provide to the company disputed against and/or to another agency.
*Using the space provided below, please explain your dispute fully. Please describe the events in the order in which they occurred, using extra paper if necessary. IMPORTANT: Enclose copies of all documents relevant to your dispute including advertising material, contracts, warranties, receipts, canceled checks, etc. If your dispute involves a vehicle, please indicate the make, year and vehicle identification number. Do not include personal or sensitive information such as health or medical history, date of birth, or driver license, social security, financial account or credit/debit card numbers on this form or on any documents you provide.
*What would satisfy your dispute?

PLEASE READ THE FOLLOWING CAREFULLY. By submitting this form, you are signifying that you have read, and that you understand and agree to the following statements and conditions:

I believe that the company I named in this dispute has committed unfair and deceptive business practices.

Depending on the nature of my dispute, the Attorney General's Office may forward a copy of this form in its entirety, including any documents I provide to the company complained about and ask for a response or may refer the dispute to another agency.

The Attorney General's Office may keep a record of this form and any documents I provide and may provide copies of them to other private and public agencies. I authorize the Attorney General's Office to give copies of the form and any documents I provide and any information in them to anyone deemed necessary by the Attorney General's Office.

If I have a complaint about criminal conduct, such as fraud, the Attorney General's Office recommends that I contact local law enforcement agencies, which have jurisdiction over criminal activity.

The information that I provide may be used to help the Attorney General's Office detect patterns of unfair and deceptive trade practices, which may lead to investigations on behalf of the public to eliminate such practices. However, the Attorney General's Office cannot act as my lawyer, a court of law, or legal advisor. The Attorney General's Office is not my personal legal representative and does not conduct litigation on behalf of individuals in matters involving private controversies. The Attorney General's Office recommends that I consult a private attorney. I may lose my right to sue about this matter entirely if I wait too long to do so. Any action by the Attorney General's Office may not result in a refund or other relief for me personally. I am, however, filing this dispute to notify the Attorney General's Office of the activities of the named party and to seek any assistance the Attorney General's Office may be able to render.

□ I understand and agree to all above statements and conditions.				
Signature:	Date:			

The information given is true to the best of my knowledge and belief.